

Application or Docket Number
10-02212

10/038498

(Column 1)	(Column 2)
1	2
3	4
5	6
7	8
9	10
11	12
13	14
15	16
17	18
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79	80
81	82
83	84
85	86
87	88
89	90
91	92
93	94
95	96
97	98
99	100

OR

	RATE	FEE
OR		\$ _____
OR	X \$ _____ =	
OR	X \$ _____ =	
OR	+ \$ _____ =	
OR	TOTAL	

TOTAL

8-2-04

OR

SMALL ENTITY	
RATE	ADDITIONAL FEE
X \$_____ =	
X \$_____ =	
+ \$_____ =	
TOTAL ADD'L FEE	

TOTAL
ADD: FEES

(Column 1)	(Column 2)	(Column 3)
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	RATE	ADDITIONAL FEE
OR	X \$ _____ =	
OR	X \$ _____ =	
OR	+ \$ _____ =	
OR	TOTAL ADDITIONAL FEE	

< FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.15(d))

(Column 1)	(Column 2)	(Column 3)
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RATE	ADDITIONAL FEE
X \$ _____ =	
X \$ _____ =	
+ \$ _____ =	
TOTAL ADD'L FEE	

A FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

If you need assistance in completing the form, call 1-800-PTO-9189 and select option 2.